

Site Accreditation Report – Southern Plains Behavioral Health Services

Completed: March 14, 2018

Levels of Care Reviewed:

Mental Health (MH) Services

Child and Youth or Family Services (CYF)

Comprehensive Assistance with Recovery and Empowerment Services (CARE)

Outpatient Services

Review Process: Southern Plains Behavioral Health Services was reviewed by Division of Behavioral Health staff for adherence to the Administrative Rules of South Dakota (ARSD) and Contract Attachments. The following information was derived from the on-site accreditation survey of your agency. This report includes strengths, recommendations, and citations for Plans of Corrections and results from reviewing policies and procedures, personnel and case file records, and conducting interviews with clients, administration, and agency staff.

Administrative Review Score: 93%

Combined Client Chart Review Score: 96.6%

Cumulative Score: 96.4%

ADMINISTRATIVE REVIEW SUMMARY

Strengths:

The agency provides a wide variety of mental health treatment services. The staff reported the agency has an open door policy for supervision and weekly staff meetings for trainings. Staff reported a positive environment at the agency which leads to longevity of staff. The client's interviewed reported the staff was easy to talk to, they felt heard, and reported feeling better overall due to the counselors.

Recommendations:

1. The agency's policies and procedures manual has been updated to ensure compliance with ARSD 67:62; however it is recommended that references to the Division of Behavioral Health are updated as there are many areas which continue to reference the Division of Mental Health.

Plan of Correction:

1. The CMHC needs to develop a policy per ARSD 67:62:02:18 to ensure the agency contacts the Division Director prior to any changes to determine if the changes will affect the agencies accreditation status. No policy currently exists regarding changes in agency director, a reduction in services provided by the agency or an impending closure of the agency for a determination on continued accreditation.

2. The agency has a policy on abuse, neglect, and exploitation but the following should be added to the agency's policy to ensure compliance with ARSD 67:62:07:03.
 - a. Definitions of abuse, neglect, and exploitation pursuant to SDCL 22-46-1;
 - b. A requirement to report to the division any incidents of abuse, neglect, or exploitation;
 - c. A requirement to report to the department pursuant to SDCL 26-8A-3 and 26-8A-8;
 - d. A procedure for disciplinary action to be taken if staff engages in abusive, neglectful, or exploitative behavior;
 - e. A procedure to make immediate efforts to inform the guardian, or the parent if the client is under 18 years of age, of the alleged incident or allegation; and
 - f. Upon substantiation of the incident, a requirement to document the actions to be implemented to reduce the likelihood of, or prevention of, repeated incidents of abuse, neglect, or exploitation.
3. According to ARSD 67:62:06:04, the agency shall provide orientation for all staff, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment and document all elements of ARSD within the orientation process. Personnel records reviewed did not clearly document new employee orientation is completed within 10 working days of hire.

CLIENT CHART REVIEW SUMMARY

Strengths: The client's charts have clearly defined goals and objectives in treatment plans. The progress notes described what the client did while in each session. The client's charts were reviewed by the clinical supervisor even when not needed per ARSD. The agency's electronic health record was organized and easy to use.

Recommendations:

1. According to ARSD 67:62:08:08, treatment plans need to be reviewed at 6 month intervals. In reviewing of the charts three out of the sixteen charts reviewed did not get reviewed in 6 month intervals. Develop a plan to ensure the plans are reviewed every 6 months.
2. According to ARSD 67:62:08:12 progress notes should have a brief description of what the client and provider plan to work on during the next session. In review of the charts, progress notes were at times vague and similar throughout all of the charts reviewed. It is recommended that the clinicians individualize the plan for the next session based on the client's goals.

Plan of Correction:

1. According to ARSD 67:62:08:14 a transfer or discharge summary should include the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan. All transfer or discharge summaries reviewed were missing the client's problems and progress toward planned goals and objectives, these areas need to be added to the treatment plan for compliance with this rule.